PleasEty	ype a plus sign (	+) inside this	box →	+						
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Complete if Known									
					10/072,540 February 8, 2002					
DEC 9.7	Application Date			February	8, 2002					
DEC .	US Nat'l Entry Date									
\a.	(if applicable) First Named Inventor			James Ar	thur Hoffmann					
TENT OF THE	Group Art Unit			1614						
100	Examiner Name			Delacroix-Muirheid						
	Conf. No.			4243						
TOTAL AMO	Attorney Docket Number			X-11368A	•	İ				
METHOD OF PAYMENT (check one)					FEE CALCULATION (continued)					
METHOD OF PAIMENT (CHeck One)					3. ADDITIONAL FEES					
1.		The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:			Large Entity Fee (\$)		ee Descript	Fee Paid		
Deposit Account	105-0840			Code 1051	130	Surcharge-lat	te filing fe	e or oath		
Number Deposit Account Name	Eli Lilly and Company			1052	50	Surcharge-lat or cover shee		al filing fee		
X A	Charge Any Additional Fee Required		sue Fee Set in it the time of	1053	130	Non-English a	specification	n d		
		CULATION		1251	120	Extension for	r reply with:	120 . 00		
_	1252	450	Extension for	r reply with						
	In connection wand exam fees	ith the filing	g, search	1253	1,020	Extension for	r reply with:	in third month		
Code	Description	Fee	Fee Paid	1254	1,590	Extension for	r reply with:	in fourth month		
1011	Basic filing fee	\$300.00		1255	2,160	Extension for	r reply with:	in fifth month		
1111	(Utility) Utility search fee	\$500.00	-	1401	500	Notice of App	peal	}		
	Utility examination	\$200.00								
1311	1402									
SUBTOTAL (1) (\$)				1452	1452 500 Petition to revive-unavoidable					
				1453	1,500	Petition to	revive-uninte	entional		
				1502	1,400	Utility issue	e fee (or re:	issue)		
					130	Petitions to	the Commiss	ioner		
				122				Į.		
Code	Total claims	Extra	Fee Paid (\$)	1801	790	Request for (	Continued Exa	amination (RCE)		
1202	20 =	X 50 =	\$	Otl	ner fee (s	pecify)				
	Otl	ner fee (s	pecify)							
1201										
Multiple Yes 1203 Dependent or 360 = \$				Other fee (specify)						
	Claim	No (if yes	· · · · · · · · · · · · · · · · · · ·	O+1	her fee (s	pecify)				
1081		,	<u>.</u>							
1										
	<u> </u>	\$_								
No extra charge for first 100 pages. Must pay \$250 for each adtl 50 pages (or fraction thereof).										
	<del> </del>			SUBTOT	AL (3)	(\$)120. 00				
SUBTOTAL (2) (\$)  SUBMITTED BY										
					Complete (if applicable				,	
Typed or Gregory A. Cox Printed Name							Reg. Num	ber 47,504		
Signature 2006. Cap							Date	Dec 16,	2005	
							.11	/		